

as before mentioned, I considered it dangerous to decrease the thickness of the wall between the internal end of the vagina and the abdominal cavity more than had been already done.

During the six months that this lady was under my care, I examined in every way to find the rudiment of a uterus, and could not find the slightest trace. I requested my friend Dr. R. Kinloch to assist me in the examination, and after the most careful search it was evident that the uterus did not exist.

I am not aware of any mode of examination by which it can be determined with certainty that the ovaries are present or wanting, other than that of passing one forefinger up the rectum and pressing with the other hand on the iliac regions. In this examination, if the ovaries are large, or the subject thin, they can be distinguished; but in a doubtful case, where the woman is not emaciated, it is extremely difficult to find the ovaries or to say whether they exist or not; a post-mortem examination alone can determine the question. As regards the uterus the matter is different. With Sims' method of "a finger in the rectum and a sound in the bladder, alternating the latter with supra-pubic pressure," the existence or not of the uterus can with certainty be ascertained; but if the ovaries did exist in this case, they of course could not perform their peculiar functions, there being no opening anywhere for the Fallopian tubes. Prof. Hewitt, in his excellent book on the diseases of women, mentions a case coming under his care of entire absence of the uterus in a lady twenty years of age, "presenting the following conditions: pudendum, covered with hair; labia majora, well developed; vagina, represented by a mere little pit, admitting the uterine sound only half an inch; no uterus or hard body to be discovered between the bladder and rectum high up; signs of ovarian activity had been observed on two or three occasions, giving reason for the belief that the ovaries existed; the breasts were well developed."

Dr. J. Marion Sims says he has seen five cases of absence of the vagina, in all of which there was no uterus; but he does not give the details of these cases, and we do not know therefore how the physical and mental development in these women were affected by this malformation.

In the case under consideration, nothing was wanting in any of the attributes of woman, such as we find her with complete and perfect organization, except the absence of the menses and the inability to become pregnant. Sexual intercourse with her husband was agreeable and gave pleasure, as in ordinary cases. She was highly educated, an accomplished musician, a great lover of poetry, and wrote it well herself; was very fond of children, and her house and establishment were arranged with such taste as we see only when such places are presided over by an accomplished and tasteful woman.

The old and received axiom, therefore, does not apply in her case, that *propter uterum solum mulier est id quod est*.

Sulphite of Soda in the Treatment of Tinea Capitis, Crusta Lactea, and Scrofulous Otitis. By CHAS. M. WATSON, M. D., of Brookville, Pa.

December 4th, 1867, I was called to see a child six or eight months of age, with a very severe *scald head*, the entire scalp and nearly one half the forehead being covered with its characteristic incrustation. So rapid had been the progress of the disease fears were felt that a large portion of the face might become implicated before its progress could be arrested. The child was of a scrofulous diathesis but had no derangement of the stomach

or bowels; was very restless and slept but little. Considering the disease cryptogamic, I determined to try the efficacy of sulphite of soda, and accordingly ordered the following solution: R. Sodæ sulphit., ℥ss ; Aquæ destil. Oj; with which thin linen compresses were saturated and kept constantly applied to the diseased scalp and face, the application being renewed frequently enough to keep the scabs moist. The result greatly exceeded my expectation. In a few hours the crust began to crack, become detached, and by the next evening none of it remained. The strength of the solution was then reduced one half, as the former solution caused much pain and it was thought necessary to have the solution only sufficiently strong to prevent the development of new cryptogams.

No new crust formed, and the scalp and face healed rapidly and entire recovery took place in about two weeks. No other treatment was required.

Crusta Lactea, another disease incident to childhood, particularly during the period of dentition, rapidly disappears on the application for a few days of sodæ sulphit., ℥ij ; aquæ destil., glycerinæ, āā ℥ss . The parts diseased should be moistened three or four times daily.

I have found the same prescription an invaluable remedy also in serofulous otitis. The ear should be well washed out with warm water and castile soap and dried with cotton wool, after which eight or ten drops of the solution may be dropped into the ear and the air excluded with a pledget of cotton. This should be repeated thrice daily as long as the ear discharges.

Case of Resection of the Elbow-Joint. By JAMES B. HINKLE, M. D., of Americus, Ga.

The following case may prove interesting on account of the perfect motion resulting after an extensive resection.

J. S., a negro about sixteen years of age, presented himself fourteen months since, suffering from ankylosis of the elbow-joint, the result of a fracture from a blow received several months previous. The ankylosis was not bony, but yet very firm and rigid, and the arm was straight and entirely useless. Several spiculæ of bone had recently been discharged, and there were two or more openings communicating with the joint. Examination led me to the conviction that the entire bony structure immediately adjacent was in a diseased condition.

Assisted by my friend and colleague Dr. M. D. McLeod, the patient being placed in a proper position, and thoroughly under the influence of an anæsthetic, I made a single longitudinal incision nearly three and a half inches in length, continuing the dissection down so as to fully expose the joint. The soft parts and ulnar nerve being drawn aside as well as possible, I found, as I had anticipated, all of the articulating surfaces in a carious condition. The olecranon process was now removed with the common amputating saw, after which a small chain-saw was passed around the humerus, and the entire diseased extremity, including both condyles, removed. The head of the radius and the entire diseased extremity of the ulna were then entirely removed by the bone-nippers. There being no vessels to ligate, the wound was thoroughly cleansed, and the parts closed by sutures. The arm was bandaged, and placed upon a pillow in a very slightly flexed position. Cold water applications were now ordered. The case progressed most favourably. The wound healed kindly, and at the end of two weeks I began gradually to flex the arm a little more each day,